

Michigan Department of Community Health
Board of Physical Therapy
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

PHYSICAL THERAPY LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Physical Therapy. Questions regarding your application can be directed to the Michigan Board of Physical Therapy at (517) 335-0918 four weeks after the date you sent the application. Please allow 6-8 weeks processing time.

GENERAL INSTRUCTIONS FOR LICENSURE BY EXAMINATION

1. **APPLICATION FOR MICHIGAN LICENSURE AND FEE:** Type or print legibly on all forms and send original application, with the proper fee, to the Board of Physical Therapy. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. **EDUCATION:**

Graduates of education programs within the United States must arrange for a final, official transcript of your physical therapy education to be forwarded to this office directly from your educational institution. Transcripts must bear the seal of the school and show a degree and date conferred. All applicants must graduate from a physical therapy program that is approved by the American Therapy Association (APTA).

Graduates of education programs outside of the United States must have their physical therapy education reviewed and certified by one of the following credential review agencies:

International Consultants of Delaware, Inc., PO Box 8629, Philadelphia, PA 19101-8629
Website: www.icdel.com, Telephone: (215) 222-8454 ext. 510 and Fax: (215) 349-0026

-OR-

International Education Research Foundation, Inc., P.O. Box 3665, Culver City, CA 90231-3665.
Website: www.ierf.org, Telephone: (310) 258-9451 and Fax: (310) 342-7086.

3. **ENGLISH PROFICIENCY:** An applicant whose physical therapy education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 550 on written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLibT (overall passing score of 80) prior to being determined eligible for the NPTE. If you pass the TOEFLibT exam, that is the only language exam you will be required to take. Results of the examination(s) should be sent directly to this office from ETS. You can contact ETS at (609) 771-7100 or at their website at www.toefl.org (e-mail: toefl@ets.org) to arrange to take these examinations or to have results sent to our office. The Institutional Code for physical therapists is 9715.
4. **JURISPRUDENCE EXAMINATION:** All applicants for physical therapy licensure must take and pass the jurisprudence examination. The jurisprudence examination is included in the application packet and must be completed and returned with your licensure application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Physical Therapy and in Article 15, parts 161 and 178 of the Michigan Public Health Code. Once you have passed the jurisprudence examination, and all other requirements for licensure have been met, you will be made eligible for the National Physical Therapy Examination (NPTE).

5. **NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE):** Applicants for the NPTE must apply on-line. On-line application and payment for the NPTE is available at www.fsbpt.net/pt. The *NPTE Candidate Handbook* is available only online at www.fsbpt.org. The handbook contains complete examination instructions.

You will be sent an Authorization to Test from the NPTE after you have applied for the NPTE and have been made eligible for the exam by the Michigan Board of Physical Therapy. The Authorization to Test will include a telephone number for you to call to schedule your examination at a Prometric Testing Center. Once you have received your Authorization to Test, you must sit for the examination within 60 days. You will be required to submit a testing fee to Prometric Testing Center before taking the examination. FSBPT only allows an individual to take the licensing examination a maximum of 3 times in any 12-month period.

If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be submitted when you submit your license application and preferably prior to that date. The information should be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.

GENERAL INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT - must be currently licensed in another state.

1. **APPLICATION FOR MICHIGAN LICENSURE AND FEE:** Type or print legibly on all forms and send original application, with the proper fee, to the Michigan Board of Physical Therapy. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

2. **EDUCATION:**

Graduates of education programs within the United States must arrange for a final, official transcript of your physical therapy education to be forwarded to this office directly from your educational institution. Transcripts must bear the seal of the school and show a degree and date conferred.

Graduates of education programs outside of the United States must have their physical therapy education reviewed and certified by one of the following credential review agencies:

International Consultants of Delaware, Inc., PO Box 8629, Philadelphia, PA 19101-8629
Website: www.icdel.com, Telephone: (215) 222-8454 ext. 510 and Fax: (215) 349-0026

-OR-

International Education Research Foundation, Inc., P.O. Box 3665, Culver City, CA 90231-3665.
Website: www.ierf.org, Telephone: (310) 258-9451 and Fax: (310) 342-7086.

3. **ENGLISH PROFICIENCY:** An applicant whose physical therapy education program was taught in a language other than English and who has not been licensed in another state for more than five years shall satisfactorily complete the TOEFL (passing score is 550 on written examination or 213 on the computerized exam) and TSE (passing score is 50) or the TOEFLibT (overall passing scores at 80). If you pass the TOEFLibT exam, that is the only language exam you will be required to take. Results of the examination(s) should be sent directly to this office from ETS. You can contact ETS at (609) 771-7100 or at their website at www.toefl.org (e-mail: toefl@ets.org) to arrange to take these examinations or to have results sent to our office. The Institutional Code for physical therapists is 9715.
4. **EXAMINATION SCORES:** Arrange for results of your national examination to be forwarded to this office directly from the Federation of State Boards of Physical Therapy (FSBPT) at FSBPT (703) 299-3100 or (703) 739-9420. Applicants who have been licensed in another U.S. jurisdiction for at least 10 years are not required to provide examination scores.

5. **JURISPRUDENCE EXAMINATION:** All applicants for physical therapy licensure by endorsement must take and pass the jurisprudence examination. The jurisprudence examination is included in the application packet and must be completed and returned with your licensure application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Physical Therapy and in Article 15, parts 161 and 178 of the Michigan Public Health Code. Once you have passed the jurisprudence examination, and all other requirements for licensure have been met, you will be made eligible for the National Physical Therapy Examination (NPTE).
6. **VERIFICATION OF LICENSURE:** Applicants for endorsement must hold a current active license in another state. Verification(s) of licensure must be submitted directly to the Board office from all states where you hold or have ever held a permanent physical therapy license or registration. **DO NOT HAVE TEMPORARY LICENSES VERIFIED.**

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Physical Therapy in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Physical Therapy in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 222.16174 (3). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.

ORIGINAL LICENSES ARE VALID FOR A YEAR OR LESS, SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.

**APPLICATION FOR LICENSURE AS A
PHYSICAL THERAPIST**

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

--

Board Use Only
License Number:
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING: <input type="checkbox"/> License by Examination (Examination Fee Not Included) Fee: \$80.00 71-5501-01 <input type="checkbox"/> License by Endorsement (Must Currently be Licensed in Another State) Fee: \$80.00 71-5501-09
--

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	Daytime Telephone Number	
Street Address			
City	State	Country	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)			
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D. Number & Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Have you ever taken the National Examination to be qualified as a Physical Therapist? ☐ Yes ☐ No
10. If you are applying for licensure by endorsement, do you certify that you have read and understand the law and rules governing the practice of physical therapy? ☐ Yes ☐ No
11. Do you hold or have you ever held a permanent physical therapy license in any state? List each state, the license number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) ☐ Yes ☐ No

State	License Number	Date of Issue	How obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

Michigan Department of Community Health
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry	<input type="checkbox"/> Osteopathy <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry
<input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board

PHYSICAL THERAPY JURISPRUDENCE EXAMINATION

Name _____
LAST FIRST

DOB: _____

SSN _____

Please clearly print your name, date of birth and Social Security number in the above spaces. Circle your answers for each test question. Be sure to read the statement at the end of the examination and sign your name on the last page before returning it to the Board Office.

1. According to Michigan law, all of the following physical measures are allowed to be used by a Physical Therapist **EXCEPT**
 - a. cold.
 - b. sound.
 - c. radiation.
 - d. electricity.

2. A Physical Therapist may do all of the following **EXCEPT**
 - a. prevent a mental disability.
 - b. correct a physical disability.
 - c. diagnose a mental condition.
 - d. alleviate a physical condition.

3. A licensed Physical Therapist may administer therapy ordered by all of the following **EXCEPT** a/an
 - a. Dentist.
 - b. Podiatrist.
 - c. Registered Nurse.
 - d. Osteopathic Physician (D.O.)

4. A nursing unit has sent a patient to physical therapy with a verbal order to give "whirlpool therapy". As a licensed Physical Therapist, one should
 - a. give the therapy that was verbally ordered and check the patient's chart later.
 - b. check the patient's chart to verify that the order has been written by a physician before giving therapy.
 - c. give the therapy and have a ward clerk call the ordering physician to verify the order.
 - d. none of the above are correct

5. A licensed Physical Therapist may prescribe
 - a. no medication at all.
 - b. any controlled substance.
 - c. non-controlled substances.
 - d. over-the-counter medication

6. A license for a Physical Therapist
- lapses 2 weeks after its expiration date.
 - requires no additional fees for delinquent renewal.
 - may not be renewed under any circumstances after its expiration date.
 - may be renewed with a late fee during the first 60 days after expiration.
7. After initial licensure, a Physical Therapist's license **MUST** be renewed every _____ year(s).
- 1
 - 2
 - 3
 - 4
8. An employee under the direct supervision of a Physical Therapist performs negligent therapy. In this situation, which of the following statements is **TRUE**?
- The employee is not responsible
 - The supervisor is not responsible
 - The supervisor is liable for sanction
 - No action can be taken in this situation
9. By law, a certificate of licensure for a Physical Therapist
- does not have to be displayed.
 - must be kept on file in the hospital personnel department.
 - does not have to contain any notification of any limitation.
 - shall be displayed in a prominent place visible to the public.
10. The governing body for licensed Physical Therapists in Michigan is the
- Michigan Board of Physical Therapy.
 - American Physical Therapy Association.
 - Michigan Physical Therapy Association.
 - American Registry of Physical Therapists.
11. A Physical Therapist who has had a license revoked may
- not practice physical therapy.
 - practice in a state hospital only.
 - only assist with physical therapy.
 - practice physical therapy under the direct supervision of another Physical Therapist.
12. According to Michigan law, a Physical Therapist may **NOT**
- give consultative services.
 - administer prescribed medication.
 - interpret referrals from physicians.
 - participate in patient treatment planning.

13. Sanctions may be levied against a Physical Therapist for which of the following situations?
- Fraud in obtaining a license
 - Practice outside the scope of physical therapy
 - Permitting a license to be used by an unauthorized person
 - All of the above are correct
14. According to the Michigan Public Health Code, a Physical Therapist practicing in Michigan may use all of the following titles **EXCEPT**
- Physiotherapist.
 - Licensed Physical Therapist.
 - Physical Therapy Practitioner.
 - Registered Physical Therapist.
15. A name or address change of a Physical Therapist licensee must be reported to the Department of Community Health not more than _____ days after it occurs.
- 10
 - 30
 - 60
 - 90
16. In Michigan, the scope of practice for Physical Therapists is determined by
- Michigan state law.
 - the Department of Public Health.
 - the American Physical Therapy Association.
 - the consensus of accredited physical therapy programs.
17. A person who practices physical therapy under a suspended, revoked, or fraudulently obtained license, or outside the provisions of a limited license, or uses the license of another person as his or her own is guilty of
- a felony.
 - malpractice.
 - a misdemeanor.
 - no punishable offense.
18. Sanctions may be levied against a Physical Therapist for all of the following **EXCEPT**
- incompetence.
 - substance abuse.
 - physical inability to practice in a safe manner.
 - conviction of a misdemeanor not related to the ability to practice physical therapy.
19. If a Physical Therapist has made a false representation of material fact in obtaining a license,
- no action may be taken.
 - the Physical Therapist's license may be revoked.
 - the Physical Therapist may still practice in a State Hospital.
 - the Physical Therapist cannot be authorized under Worker's Compensation.

20. A written prescription for physical therapy **MUST** contain all of the following **EXCEPT** the
- patient's name.
 - patient's diagnosis.
 - patient's prognosis.
 - authorized prescriber's signature.
21. A Physical Therapist may legally do all of the following **EXCEPT**
- supervise personnel.
 - plan physical therapy treatment.
 - prescribe physical therapy treatment.
 - initiate referrals for physical therapy treatment.
22. The ultimate purpose of the Michigan Board of Physical Therapy is to
- collect licensing fees.
 - protect the public's health, safety and welfare.
 - meet with members of other health care professions.
 - report occupational infractions to the Department of Community Health
23. When may certain tasks within the scope of practice of a Physical Therapist be delegated to qualified, but unlicensed individuals?
- Never
 - Under a licensed Physical Therapist's supervision
 - Only when the Physical Therapy department is understaffed
 - When the task demands the same level of education and skills required of a licensed Physical Therapist
24. An opportunity for a hearing for a Physical Therapist is
- not allowed when a license is revoked.
 - provided in connection with the suspension or denial of a license.
 - scheduled only after all disciplinary action is finalized by the board.
 - forfeited when a license is suspended due to treatment which threatens public health and safety.
25. Which of the following is a requirement for acceptance of a health professional into the Health Professional Recovery Program?
- The health professional acknowledges his or her impairment.
 - The health professional agrees to participate in a treatment plan.
 - The health professional voluntarily withdraws from, or limits the scope of his or her practice, as determined necessary by the health professional recovery committee.
 - All of the above are true

I CERTIFY THAT I AM THE APPLICANT WHOSE SIGNATURE APPEARS HERE AND THAT THE ANSWERS PROVIDED ON THIS EXAMINATION ARE MINE ALONE. BECAUSE OF THE CONFIDENTIAL NATURE OF THIS EXAMINATION, I WILL NOT COPY OR RETAIN EXAMINATION QUESTIONS, OR TRANSMIT THEM IN ANY FORM TO ANY OTHER PERSON.

Signature of Applicant
PT2006

Date